

UNITED STATES DISTRICT COURT
for the
Western District of North Carolina

Mbuyu David Kyingu

Plaintiff)
v.) Civil Action No. 3:20cv703
Progressive Southeastern Insurance Company)
Novant Health Hospital)
Kelly Kelly Diep)
Thien Quang Diep)
Defendant)

SUMMONS IN A CIVIL ACTION

TO: (Defendant's name and address)

Progressive Southeastern Insurance Company
6701 Carmel Road Suite 415
Charlotte, NC 28226

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) – or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12(a)(2) or (3) – you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Mbuyu David Kyingu
2511 Finchley Drive Apt 208
Charlotte, NC 28215

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Civil Action No.**PROOF OF SERVICE***(This section should not be filed with the court unless required by Fed. R. Civ. P. 4(1))***This summon for (name of individual and title, if any)**

was received by me on (date) _____.

I personally served the summons on the defendant at (place) _____ on (date) _____; or

I left the summons at the individual's residence or usual place of abode with (name) _____, a person of suitable age and discretion who resides there, on (date) _____, and mailed a copy to the individual's last known address; or

I served the summons on (name of individual) _____, who is designated by law to accept service of process on behalf of (name of organization) _____ on (date) _____; or

I returned the summons unexecuted because _____; or

Other (specify): _____

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ _____.

I declare under penalty of perjury that this information is true.

Date: _____

Server's signature_____
Printed name and title_____
Server's address**Additional information regarding attempted service, etc:**

UNITED STATES DISTRICT COURT
for the
Western District of North Carolina

Mbuyu David Kyingu

Plaintiff)
v.) Civil Action No. 3:20-cv-00703
Progressive Southeastern Insurance Company)
Novant Health Hospital)
Kelly Kelly Diep)
Thien Quang Diep)
Defendant)

SUMMONS IN A CIVIL ACTION

TO: (Defendant's name and address)

Kelly Kelly Diep
1746 Birchcrest Dr
Charlotte , NC 28205

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) – or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12(a)(2) or (3) – you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Mbuyu David Kyingu
2511 Finchley Drive Apt 208
Charlotte, NC 28215

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Civil Action No. _____

PROOF OF SERVICE*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4(1))***This summon for (name of individual and title, if any)**

was received by me on (date) _____.

I personally served the summons on the defendant at (place) _____ on (date) _____; or

I left the summons at the individual's residence or usual place of abode with (name) _____, a person of suitable age and discretion who resides there, on (date) _____, and mailed a copy to the individual's last known address; or

I served the summons on (name of individual) _____ who is designated by law to accept service of process on behalf of (name of organization) _____ on (date) _____; or

I returned the summons unexecuted because _____; or

Other (specify): _____

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ _____.

I declare under penalty of perjury that this information is true.

Date: _____

Server's signature_____
Printed name and title_____
Server's address**Additional information regarding attempted service, etc:**

UNITED STATES DISTRICT COURT
for the
Western District of North Carolina

Mbuyu David Kyingu

Plaintiff)
v.) Civil Action No. 3:20-cv-00703
Progressive Southeastern Insurance Company)
Novant Health Hospital)
Kelly Kelly Diep)
Thien Quang Diep)
Defendant)

SUMMONS IN A CIVIL ACTION

TO: (Defendant's name and address)

Thgien Quang Diep
1746 Birchcrest Dr
Charlotte, NC 28205

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) – or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12(a)(2) or (3) – you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Mbuyu David Kyingu
2511 Finchley Drive Apt 208
Charlotte, NC 28215

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Civil Action No.**PROOF OF SERVICE**

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4(1))

This summon for *(name of individual and title, if any)*

was received by me on *(date)* _____.

I personally served the summons on the defendant at
(place) _____ on *(date)* _____; or

I left the summons at the individual's residence or usual place of abode with *(name)* _____, a person of suitable age and discretion who resides there, on *(date)* _____, and mailed a copy to the individual's last known address; or

I served the summons on *(name of individual)* _____, who is designated by law to accept service of process on behalf of *(name of organization)* _____ on *(date)* _____; or

I returned the summons unexecuted because _____; or

Other *(specify):* _____

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ _____.

I declare under penalty of perjury that this information is true.

Date: _____

Server's signature

Printed name and title

Server's address

Additional information regarding attempted service, etc:

UNITED STATES DISTRICT COURT
for the
Western District of North Carolina

Mbuyu David Kyingu

Plaintiff)
v.) Civil Action No. 3:20-cv-00703
Progressive Southeastern Insurance Company)
Novant Health Hospital)
Kelly Kelly Diep)
Thien Quang Diep)
)
Defendant

SUMMONS IN A CIVIL ACTION

TO: (Defendant's name and address)

Novant Health (Hospital Presbitherian)
200 Hawthorne lane
Charlotte , NC 28204

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) – or 60 days if you are the United States or a United States agency, or an officer or employee of the United States described in Fed. R. Civ. P. 12(a)(2) or (3) – you must serve on the plaintiff an answer to the attached complaint or a motion under Rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

Mbuyu David Kyingu
2511 Finchley Drive Apt 208
Charlotte, NC 28215

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

Civil Action No. _____

PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4(1))

This summon for *(name of individual and title, if any)*

was received by me on *(date)* _____.

I personally served the summons on the defendant at
(place) _____ on *(date)* _____; or

I left the summons at the individual's residence or usual place of abode with *(name)* _____, a person of suitable age and discretion who resides there, on *(date)* _____, and mailed a copy to the individual's last known address; or

I served the summons on *(name of individual)* _____, who is designated by law to accept service of process on behalf of *(name of organization)* _____ on *(date)* _____; or

I returned the summons unexecuted because _____; or

Other *(specify)*:

My fees are \$ _____ for travel and \$ _____ for services, for a total of \$ _____.

I declare under penalty of perjury that this information is true.

Date: _____

Server's signature

Printed name and title

Server's address

Additional information regarding attempted service, etc: